

2006-2007 Request for Applications (RFA) for Local Community-Based and Minority-Based Partnerships in Tobacco Prevention and Cessation Planning Grant (Part 1 of 2 RFA)

The Indiana Tobacco Use Prevention and Cessation Executive Board (ITPC) seeks to fund grantees at the local level to coordinate the local community-based and minority-based component of Indiana's tobacco prevention and cessation program. ITPC wants to ensure that as many counties as possible continue their tobacco control programs in Indiana. As in previous funding cycles, no one single agency type has been selected as the lead agency for the community-based programs. ITPC recognizes that different organizations may assume this responsibility in different counties. County partners should select one lead agency. *If multiple proposals from the same county are submitted, the proposals will be returned.*

This RFA is an invitation to communities to join together to make the Indiana Tobacco Use Prevention and Cessation Executive Board's vision.... *To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...a reality for the State of Indiana.*

Coalitions should refer to ITPC's 2006-2007 Request for Application Workshop notebook for additional resources.

PLANNING GRANT VS IMPLEMENTATION GRANT

The 2006-2007 partnership grants will be awarded in two parts. Part 1 of the RFA is the PLANNING GRANT APPLICATION that requires applicants to demonstrate that the lead agency has the capacity and coalition structure necessary to develop and maintain a strong tobacco prevention and cessation program. This RFA outlines the first part of the application in which lead agencies would be eligible for 3 months of funding (July 1 to September 30, 2005), not to exceed 25% of the available grant amount for state fiscal year (SFY) 2006 (July 1, 2005 to June 30, 2006).

If the lead agency is approved for this planning grant, then a subsequent request for applications (RFA) will be released. Part 2 is the IMPLEMENTATION GRANT APPLICATION and includes the work plan. This work plan must be approved to receive the remaining funds for SFY 2006 (October to June 2006) and 100% of SFY 2007 (July 1, 2006 to June 30, 2007) funds. Part 2 of the RFA will be released in July 2005.

The first part of the grant cycle provides funding available for three months (no more than 25% of the SFY 2006 grant) to provide support for the coalition during the development of their strategic work plan. Lead Agencies/Applying Coalitions will develop the work plans during the time period of July 1 to September 30, 2005. Funding beyond these three months (September 30, 2005) will be based on an approved, quality work plan. This work plan will be implemented October 1, 2005 to June 30, 2007. Please see page 15 for a timeline.

Local community-based and minority-based grants will not be guaranteed for each and every county, since ITPC's funding remains uncertain until a state budget is passed. There will not be a guaranteed allotment or a suggested funding range for each county at this time. It is suggested that lead agency/applying coalitions consider previous funding levels in the coalition when putting together a proposal. The size of the county's population will be a consideration. Grants will be reviewed through a competitive process.

APPLICANT ELIGIBILITY

A public or private, state, or local government entity may apply as the lead agency for the local community-based partnerships for the ITPC program. A public or private minority entity may apply as an agency for the minority-based partnerships for the ITPC program. A minority entity is defined as an entity that is controlled by one (1) or more persons who are: (A) United States citizens; and (B) members of a minority group. "Minority group" means the following: (A) Blacks, (B) American Indians, (C) Hispanics, (D) Asian Americans, (E) Other similar minority groups as defined by 13 CFR 124.103. "Controlled" means having direct control over the management and active in the day-to-day operations of the entity.

ITPC will accept only one community-based application per county. This limitation does not apply to the minority-based program but one applicant per county is encouraged. A consortium of counties may apply together under one application. It is imperative that local organizations work together to select the most appropriate lead agency for their county.

What is a Lead Agency?

- **The Lead Agency is the Fiscal Agent.** There is no separate Fiscal Agent and Lead Agency allowed.
- **Lead Agency must have a Federal Identification Number.** In order to receive grant funds, the Federal Identification Number used must be registered to the Lead Agency. ITPC will not accept a Lead Agency using another organization's Federal Identification Number.
- **Lead Agency Responsibilities.** The Lead Agency is responsible for the following:
 - **Financial Responsibilities**
 - Serve as the fiscal officer for the grant
 - Submit Quarterly Fiscal and Program Reports by due dates
 - Respond timely to periodic information requests
 - Register with the Indiana Secretary of State
 - Fulfill the terms of the contract
 - Establish a separate account or ledger for grant funds
 - Participate in monitoring engagement with the State Board of Accounts (paid for by ITPC)
 - Conduct an audit to be paid by grant recipient (if required by law)
 - Additional financial information may be requested from all applicants

- **Programmatic Responsibilities**

- Participate actively in the preparation of the work plan
- Demonstrate collaborations with other key partners in the preparation of the work plan
- Agree to serve as the key contact point for required reporting to ITPC
- Submit Quarterly Fiscal and Program Reports by due dates
- Ensure that the partnership is represented at partner meetings, trainings, conference calls, cluster meetings, community assessments, preparation of part 1 and part 2 of this request for applications, evaluation activities, etc.
- Assure that all grant related staff (coalition coordinator) participate in all training events
- Participate in all evaluation and accountability activities including monitoring of subcontracts and mini grants
- Disseminate, promote, and conduct the youth tobacco survey data collection and results to school administrators

Lead Agencies may not incur costs to be paid by grant funds until the Lead Agency, ITPC, Indiana Department of Administration, Budget Agency, and the Attorney General's office have signed the contract.

All non-governmental entities are required to submit audited financial statements from the previous fiscal year. For additional information please contact Celesta Bates, cbates@itpc.in.gov.

Lead Agency and Coalition Relationship

Although the lead agency plays a critical coordination and leadership role in the implementation of this grant, the coalition and related partners are the Community Program. It is through the collaborative effort of this diverse group of committed organizations, and its resources that work is accomplished and goals met. Coalition members are responsible for selecting the lead agency. The lead agency is responsible for supporting the coalition throughout the grant.

The coalition and its member organizations will carry out many of the activities outlined under Part 1 and Part 2 of the RFA, therefore, the lead agency plays an essential role in providing staff time and support to the coalition. As the lead agency, the applying coalition must:

- Assure that a qualified coalition coordinator is employed full or part time to this program. Additional staff may be hired based on the needs of the coalition.
- Assure that resources are available for the coalition that may include meeting accommodations and notices, logistical assistance, etc.
- Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events.
- Assure that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions.

What does a Coalition Look Like?

The coalition will involve a diverse group of members and partners from the community actively participating in tobacco control efforts.

Examples of coalition members to consider by sector of the community:

- Education
 - Schools K to 12 (any public or private schools)
 - College/Universities (any public, private or 2-year schools)
- Health Care
 - Health care providers (physicians, dentists)
 - Hospitals and clinics
 - Health insurance providers
 - Health departments
- Faith
 - Churches/Congregations/Temples
 - Parish nurses
 - Health ministry
 - Youth ministry
- Civic
 - Local elected officials and government
 - Law enforcements (city police/county sheriff)
 - Substance abuse agencies
 - Community organizations (Kiwanis, Tri-Kappa, Elks, Moose)
 - Grassroots and citizens action groups
- Business
 - Employers
 - Restaurants
 - Recreational facilities
- Youth
 - Local youth advocates
 - Boys and Girls Clubs
 - YMCA
 - 4-H
 - Youth organizations such as FFA or DECA
 - Youth councils (i.e. Mayor's council)

Definitions of different participation level of coalition partner organizations.

COALITION MEMBER: An individual or organization that has officially signed on as a participating and public member of the coalition. This individual or organization representative regularly attends coalition meetings and provides input and support for coalition activities. This member may or may not be receiving financial support for services provided in working on the coalition's work plan.

SUBCONTRACTOR: An individual or organization that is under a contractual agreement to provide services as part of the coalition's work plan. This individual or organization has a binding contract to provide services outlined in the contract and coalition work plan for an agreed amount. Payment for these services is rendered once the work is complete and the individual or organization has provided documented invoices to prove this agreed upon work has been completed. Subcontractors may have reporting requirements to fulfill at the discretion of the coalition. Subcontractors may also be participating and public members of the coalition, signing the coalition member list. Subcontractors may also regularly attend coalition meetings and provide input and support for coalition activities.

MINI-GRANTEE: An individual or organization that is under a contractual agreement to provide services as part of the coalition's work plan. This individual or organization has a binding contract to provide services outlined in the contract and coalition work plan for an agreed amount. Payment for these services, in part or full, is provided in advance to allow the work to begin and be completed. The individual or organization must provide documented invoices to prove this agreed upon work has been completed. Mini-grantees may have reporting requirements to fulfill at the discretion of the coalition. Mini-grantees may also be participating and public members of the coalition, signing the coalition member list. Mini-grantees may also regularly attend coalition meetings and provide input and support for coalition activities.

COMMUNITY PARTNER: An individual or organization that has not officially signed on as a participating and public member of the coalition. This individual or organization representative may attend coalition meetings. Community partners provide input and support for coalition activities when asked, and partner with the coalition in activities when appropriate.

GRANT DESCRIPTION –PART 1 PLANNING PHASE

The Planning Grant consists of seven sections with several forms and attachments.

1. The Work Plan Progress section outlines the accomplishments of the coalition over the previous and current grant periods. Be succinct but demonstrate success. The applicant should focus on the work toward indicators in the four goal areas, impact of VOICE and any policy and social norm changes that have occurred since the program began.
2. The Management Plan is the section that describes, in detail, the mini-grants and subcontracts that have been funded during the program. The applicant must demonstrate the selection process and accountability process for all mini-grants and subcontracts. The Management Plan also addresses the lead agency's capacity to manage the fiscal, program and coalition responsibilities.
3. The Communication Plan describes how the coalition and its leadership communicate with coalition members, partners, and ITPC. This section includes a plan to educate legislators about the tobacco control problem in Indiana, the impact tobacco has on the health care costs to the State, and how the coalition is addressing that problem in the community. This section also includes how the coalition will communicate the results and benefits of the Youth Tobacco Survey (YTS) and youth tobacco prevention to school administrators, and how the coalition will participate in and assist with the 2006 YTS.
4. The Media Advocacy Plan lists the media outlets and contacts and describes the media advocacy process for the coalition. This section gives the coalition an opportunity to share examples of media advocacy during the previous grant cycles and identifies spokespersons for the coalition. This is the section that requires a detailed description of the VOICE movement in the local community.
5. The Coalition Assessment section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation. The applicant is required to describe the coalition's partner organizations. Each coalition member and partner is required to complete a profile. The coalition must also demonstrate structure by attaching bylaws or guidelines for operation, sample meeting minutes, and the schedule of meetings. A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable. The coalition must also include a training plan.
6. The Community Readiness section assesses the current policy status and support by community groups for tobacco control. Several forms in this section help to refine the coalition's ability to determine where the community is with its tobacco control activities. All of the completed forms will assist with the IMPLEMENTATION PHASE of the application process and development of a future work plan.
7. The Budget section describes the operation costs to continue tobacco control programming and development of strategic work plan through September 30, 2005.

FUNDING

The amount of funding for ITPC partnerships is not known at this time. It is anticipated that no more than 25% of SFY 2006 funding (July 1 to September 30, 2005) will be available per county to be used for the PLANNING GRANT period. The IMPLEMENTATION GRANT funding, October 1, 2005 – June 30, 2007, will be awarded to PLANNING GRANT partnerships that have submitted and received approval for a work plan designed for community change within the prescribed time period.

The Lead Agency is the Fiscal agent. Funds will be paid to the Lead Agency in five payments: July 2005 (up to 25% of total grant dollars available to the county), and if the subsequent work plan is approved, the remaining funds will be dispersed in installments for the remaining grant dollars awarded. The balance of the awards will be paid to the Lead Agency only if the Lead Agency is current with all reporting requirements as stipulated by ITPC as follows:

- 25% of state fiscal year 2006 funding awarded October 2005;
- 50% of state fiscal year 2006 funding in January 2006;
- 50% of state fiscal year 2007 funding in July 2006; and
- 50% of state fiscal year 2007 funding in January 2007.

Lead Agencies that are current ITPC grantee must satisfy all reporting requirements from the previous grant cycle and be in compliance with all contractual guidelines in order to be considered for future funding. Any outstanding issues, errors, or reporting irregularities reported to ITPC by the State Board of Accounts resulting from a Monitoring Engagement or subsequent audit, must be corrected prior to consideration for future funding. All current ITPC grantees must be up to date on quarterly reporting; program and fiscal reports, and have responded in writing to any requests for additional information resulting from a review by the State Board of Accounts.

New and existing Lead Agencies will be required to sign the contract, submit a W-9 form, a Direct Deposit form, and audited financial statements, if applicable, prior to receiving any disbursements. All non-governmental entities are required to submit audited financial statements. All funds paid by ITPC will be directly deposited in to the Lead Agency's banking account.

The contract period starts on July 1, 2005 and ends on June 30, 2007. If a plan of implementation is not submitted by August 31, 2005, for review, the planning grantee will be in violation of the contract agreement. Any planning grant funds remaining in the possession of the planning grant partnership as of October 1, 2005, in the absence of an implementation plan for review, must return any unspent funding to ITPC. If the planning grantee has submitted a plan for review, the revisions must be completed and accepted prior to December 31, 2005. The planning grantee will not be given any further disbursements until a plan has been accepted and approved by ITPC. **All grants are contingent upon the availability of funding.**

BUDGET EXPLANATION

Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of months salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by community- or minority-based partnership funds must be dedicated only to tobacco use prevention activities approved in the work plan.

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff can only be applied after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the date of the final signature on the grant contract. The final signature date is the date the contract is considered fully executed

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective March 1, 1997, revised January 2004, is included for reference with Form 0 - Budget Worksheet.

a. In-state or Out-of-state Travel

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings are permitted. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. Supplies

Supplies may include: office supplies, meeting supplies, or other supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program.

4. Contractual

Descriptions of contracts for program activities must be included along with budget information. (Contracts for administrative activities such as out of agency printing, etc., do not need to be described.) On the budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in the agency who will supervise or manage the sub-recipient contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, RFPs, mini-grants, sole source, etc.

The subcontract / mini-grant agreement formats provided by the Tobacco Prevention and Cessation Agency should serve as a boilerplate to collect information on subcontractors or mini-grantees. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services.

5. Other

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If the agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

Rent to be paid for space for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell

phone expenses without itemized billing for calls which can be documented as for tobacco prevention and cessation activities.

6. Paid Media

Advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 5% of the total grant amount awarded.

7. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets listing, see sample document in appendix.

8. Indirect Charges

Indirect charges will vary according to need and are payable to the lead agency/fiscal agent only. Indirect costs are not an allowable expense for mini-grant recipients or subcontractors. All costs incurred by mini-grantees or subcontractors must be direct costs to provide goods or services. Organizations may budget up to a maximum of 5% of the total direct cost amount for indirect costs. This amount is an integral component of the total grant award. The total charges that are included in the approved indirect cost rate may not be listed as direct costs in the budget. Typical examples of indirect costs may include central service costs, accounting personnel services, the costs of operating and maintaining facilities, etc. Check with the fiscal office to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for the organization.

9. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
 1. Construction of buildings, building renovations;
 2. Depreciation of existing buildings or equipment;
 3. Contributions, gifts, donations, dues to societies, organizations, or federations;
 4. Entertainment;
 5. Automobile purchases, rental and/or leases;
 6. Interest and other financial costs;
 7. Fines and penalties;
 8. Bad debts;
 9. Contingency funds;
 10. Food; and
 11. Political contributions.

- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that payments shall not be approved by any officer or officers authorized to approve the same, unless so itemized, and when invoices are presented for payment, they shall be accompanied by said itemized accounts and statements. Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements on itemized claims only.

IC 4-10-12-1 Claim vouchers must show expenditure is for purpose appropriated.

Information necessary to sufficiently itemize payments ranges from listing specific contract program detail to providing unit costs, quantity, and description for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program. Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

Grantees must reimburse staff for travel expenditures, no advance payments without specific written permission from ITPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion.

- c. The Grantee will maintain a fixed assets listing as prescribed in the budget explanation. See attached sample of listing.

- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. At the end of the quarter the fund and account statement must reconcile to the quarterly fiscal report submitted to ITPC.
- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.
- g. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantee will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30th day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency prior to implementation.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the designated Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at 232-2525 or www.ai.org/sboa/monthlye.html to review the information on-line.

SUBMITTING AN APPLICATION

The original and five (5) copies of the completed application must be received by May 3, 2005 by 5:00 p.m. EST to:

Indiana Tobacco Prevention and Cessation Agency
Community-based Program Grant Administrator
ISTA Building
150 W. Market St., Suite 406
Indianapolis, IN 46204

IF APPLICATION IS NOT RECEIVED BY MAY 3, 2005 BY 5:00 P.M. EST, IT WILL NOT BE CONSIDERED FOR FUNDING. Due to the competitive nature of the application process, this deadline will be strictly enforced.

APPLICATION CHECKLIST

APPLICATION SECTION	COMPONENTS	COMPLETED
Work Plan Progress	Cover Sheet	<input type="checkbox"/>
	Form A-Work Plan Progress	<input type="checkbox"/>
Management Plan	Form B-Management Plan	<input type="checkbox"/>
	Form C-Lead Agency Profile	<input type="checkbox"/>
	Any forms the coalition uses to help with mini-grant and sub-contract management, including grant applications	<input type="checkbox"/>
	Job description of program coordinator	<input type="checkbox"/>
Communication Plan	Form D-Communication plan	<input type="checkbox"/>
Media Advocacy Plan	Form E-Media Advocacy Plan	<input type="checkbox"/>
	Form F -Paid Media Agreement	<input type="checkbox"/>
Coalition Assessment	Form G -Coalition Assessment	<input type="checkbox"/>
	Form H-Summary of Coalition Partner Organizations	<input type="checkbox"/>
	Form I-Coalition Partner Profiles (Completed by each coalition partner)	<input type="checkbox"/>
	Coalition by-laws or guidelines for operation	<input type="checkbox"/>
	Coalition meeting minutes-one example	<input type="checkbox"/>
	Conflict resolution statement	<input type="checkbox"/>
	Schedule of coalition meetings	<input type="checkbox"/>
		<input type="checkbox"/>
Community Readiness	Form J - Community Readiness	<input type="checkbox"/>
	Form K - Top 10 Employers – (Community-Based applicants only)	<input type="checkbox"/>
	Form L - Hospitals – (Community-Based applicants only)	<input type="checkbox"/>
	Form M - Community Support for Tobacco Control	<input type="checkbox"/>
	Form N- Key informant interview with one of top 10 businesses AND hospital administrator (if applicable)	<input type="checkbox"/>
Budget	Form O- Budget Worksheet	<input type="checkbox"/>
	Form P -Budget Narrative	<input type="checkbox"/>
	Audited financial statements, if applicable	<input type="checkbox"/>
	ITPC Declarations Form-signed	<input type="checkbox"/>
	W-9	<input type="checkbox"/>
	Direct deposit slip	<input type="checkbox"/>

REVIEW PROCESS

A team consisting of members of the Indiana Tobacco Use Prevention and Cessation Executive Board, its staff, and a group of tobacco use prevention and health experts will review the proposals. The committee will review proposals to ensure that each proposal meets the minimum requirements of this planning grant application, and will then submit funding recommendations to the Tobacco Use Prevention and Cessation Executive Board.

Applications will be reviewed by the following criteria:

- Potential for Impact
- Maximize Limited Funds (priority will be given to those communities that demonstrate the coalition capacity to leverage resources in the community to affect social norm change for tobacco use)
- Strength of Coalition
- Community and Coalition Readiness
- Leadership and Capacity of the Lead Agency
- Capacity to Achieve Results
- Appropriateness of the Budget
- Timely Submission of ITPC Reports (quarterly reports, program reports, and participation in ITPC trainings and communication, if previous ITPC partner)

TIMELINE FOR SUBMITTING A PLANNING GRANT (RFA PART 1)	
March 15, 2005	RFA released
March 15, 16, 17	<p>Regional workshops-applicants must attend one</p> <p>Tuesday, March 15, 2005 10am-4pm Old Capital Golf Club 1605 Hwy 62 NE Corydon, Indiana 47112</p> <p>Wednesday, March 16, 2005 10am-4pm The Westin Hotel 50 South Capital Avenue Indianapolis, Indiana 46225</p> <p>Thursday, March 17, 2005 10am-4pm New Life United Methodist Church US 31 at 400 North Peru, Indiana 46970</p>
May 3, 2005	Completed Applications due to ITPC
July 1, 2005	Funding period begins-25% of SFY 2006 grant
TIMELINE FOR SUBMITTING WORK PLAN (RFA PART 2)	
July 2005	Regional work plan workshops-applicant must attend one
August 31, 2005	Work plan due to ITPC
October 1, 2005	Additional 25% of SFY 2006 funding awarded
January 1, 2006	50% of SFY 2006 funding dispersed
July 1, 2006	50% for SFY 2007 funding dispersed
January 1, 2007	50% for SFY 2007 funding dispersed

Application Forms

Tobacco Prevention and Cessation Program
July –September 2005 (RFA-Part 1-Planning Grant)

Application Cover Sheet

Application for Local Community-Based Partnerships
OR
Application for Local Minority-Based Partnerships

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number:

Primary Contact Information

Primary Contact to ITPC:

Primary Contact Address if different from above:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

Proposal Information

Funding requested for July 1 -September 30, 2005: \$

Section 1: Work Plan Progress

This section outlines the accomplishments of the coalition over the previous and current grant periods (SFY 2002-2003 and/or SFY 2004-2005). Be succinct but demonstrate success. The applicant should focus on the work toward indicators in the four goal areas, VOICE and any policy and social norm changes that have occurred since the program began.

Forms to complete in this section:

- Cover Sheet
- Form A-Work Plan Progress

Form A-Work Plan Progress

List the major accomplishments since 2002.

Goal 1: Building Strong Community-Based Partnerships including Diverse Partnerships
Goal 2: Protecting Hoosiers from Exposure to Secondhand Smoke
Goal 3: Reducing Youth Initiation and Access to Tobacco
Goal 4: Promoting and Using Cessation Resources

Summarize the coalition's impression of the community's progress since 2002 or when the project began. Consider any social, environmental, political factors that have influenced the coalition's progress.

What are the coalition's priorities for the next two years? List up to three feasible priorities.

1.

2.

3.

Section 2: Management Plan

This section describes the mini-grants and subcontracts that have been funded during the SFY 2002-2003 and/or SFY 2004-2005 grants . The applicant must demonstrate the selection process and accountability process for all mini-grants and subcontracts. The Management Plan also addresses the lead agency's capacity to manage the fiscal, program and coalition responsibilities.

Forms to be completed in this section:

- Form B – Management Plan
- Form C – Lead Agency Profile

Attachments to be included from this section:

- Any forms the coalition uses to help with management of subcontracts or mini-grants, including grant applications
- Job description of the program coordinator

Form B-Management Plan

1. Please list the subcontractors and mini-grantees from the 2004-2005 grant period. Include the amount of the agreement and 3-5 deliverables from that contract.

Subcontractor/ Mini Grant	3-5 Deliverables
	1. 2. 3.
Funding provided	4.
	5.
Subcontractor/ Mini Grant	3-5 Deliverables
	1. 2. 3.
Funding provided	4.
	5.
Subcontractor/ Mini Grant	3-5 Deliverables
	1. 2. 3.
Funding provided	4.
	5.

Subcontractor/ Mini Grant	3-5 Deliverables
	1.
	2.
	3.
Funding provided	4.
	5.
Subcontractor/ Mini Grant	3-5 Deliverables
	1.
	2.
	3.
Funding provided	4.
	5.
Subcontractor/ Mini Grant	3-5 Deliverables
	1.
	2.
	3.
Funding provided	4.
	5.

2. Outline the coalition's written process for selection of contractors, subcontractors or mini-grant recipients.

3. Describe the coalition's current accountability process for monitoring subcontracts and mini-grant recipients.

- a. How often do these groups report back to the coalition their progress? (Quarterly, monthly, etc.)
- b. Describe how activities completed by the subcontractors and mini-grantees will be accounted for in the coalition's quarterly report submitted to ITPC.

Form C-Lead Agency Profile

1. Agency Name:
2. Federal Identification Number:
3. County:
4. Agency Address:
5. Telephone Number:
6. Fax Number:
7. Contact Person at Lead Agency:
8. Contact Person's Title:
9. Contact Person's Email:
10. Describe the rationale for the selection of the lead agency. This description should include the lead agency's ability and flexibility in serving as an effective leader for policy-focused interventions.
11. Please provide a brief history of the agency, including the agency's role in the community and its role with the coalition.

12. Please describe the lead agency's role in coordinating the development of the proposed strategies. Include information on the means by which the Lead Agency will assure that the activities and outcomes of the program will be accomplished, and any areas of anticipated difficulty for the Lead Agency.

13. Is there a coordinator for this program? _____ Yes _____ No

14. If no, please describe the process by which the agency will hire a coordinator for this grant project.

15. Please describe how the program is to be organized, staffed and managed. Include the following:
a. an organizational chart indicating where the staff for this project will be placed
b. the job description for the coordinator of this program

16. Does the Lead Agency accept funds or other resources from any tobacco company, any of its subsidiaries or parent company? _____ No _____ Yes: please describe

17. Does the Lead Agency have a tobacco-free policy? _____ No _____ Yes: please describe

18. Does the Lead Agency provide insurance coverage or other support for tobacco dependence treatment (smoking cessation) for employees? ____ No ____ Yes: please describe

19. Please acknowledge each of the Lead Agency responsibilities listed below by placing a check mark or "x" on the line. As fiscal agent, the Lead Agency must:

Financial Capabilities

- ____ Serve as fiscal officer for the grant
- ____ Have a Federal Identification Number. In order to receive grant funds, the Federal Identification Number must be registered to the Lead Agency.
- ____ Submit Quarterly Fiscal and Program Reports by due dates
- ____ Respond timely to periodic information requests
- ____ Register with the Indiana Secretary of State
- ____ Fulfill the terms of the contract
- ____ Establish a separate account or ledger for grant funds
- ____ Participate in monitoring engagement with the State Board of Accounts (paid for by ITPC)
- ____ Conduct an audit to be paid by grant recipient (if required by law)
- ____ Additional financial information may be requested from all applicants

Programmatic Capabilities

- ____ Participate actively in the preparation of the work plan
- ____ Demonstrate collaborations with other key partners in the preparation of the work plan
- ____ Agree To serve as the key contact point for required reporting to ITPC
- ____ Ensure that the partnership is represented at partner meetings, trainings, conference calls, cluster meetings, community assessments, preparation of part 1 and part 2 of this request for application
- ____ Assure that all grant-related staff (coalition coordinator) participate in all training events
- ____ Minimum standards for electronic communication
- ____ Participate in all evaluation and accountability activities
- ____ Participate in Youth Tobacco Survey data collection and dissemination of results

Coalition Capabilities

- ____ Assure that a qualified coalition coordinator is employed full or part time to this grant program. Additional staff may be hired based on the needs of the coalition
- ____ Assure that resources are available for the coalition. That may include meeting accommodations and notices, logistical assistance, etc.
- ____ Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events
- ____ Assume that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions

Director of the Lead Agency

Signature

____ Date _____

Printed or Typed Name and Title

Section 3: Communication Plan

This section describes how the coalition and its leadership communicate with coalition members, partners, and ITPC. It includes a plan to educate legislators about the tobacco control problem in Indiana, the impact tobacco has on the health care costs to the State, and how the coalition is addressing that problem in the community. This section also includes how the coalition will communicate the results and benefits of the Youth Tobacco Survey (YTS) and youth tobacco prevention to school administrators, and how the coalition will participate in and assist with the 2006 YTS.

Forms to be completed in this section:

- Form D – Communication Plan

Attachments to be included from this section:

- Annual report or other documents you distributed community members, leaders and elected officials about the program in the previous grant cycles.

Form D-Communication plan

Coalition/Partnership Section:

1. Outline the process and tools/technology used to coordinate communication between the lead agency and the following:
 - a. coalition members
 - b. key partners in the community
 - c. mini-grantees/subcontractors
 - d. ITPC

Tobacco Control Advocacy Database Section:

2. Does the coalition have a grassroots database? ____Yes ____No

If yes,

- a. How many advocates are currently in the database? _____
- b. How were the advocates recruited for this database? _____

- c. How many times a year do you communicate with those advocates? _____
- d. What format do you use for this communication? _____

If no,

- a. Describe the plans for building a tobacco control advocacy database.

Policymaker Section:

3. Outline the coalition's plan to educate state legislators and local policymakers about the tobacco control problem in Indiana, economic cost of tobacco to Indiana, and how the ITPC program and the coalition is addressing that problem in the community.
 - a. State Legislators: Outline the annual plan to hold an educational meeting with the legislators who represent the community.
 - b. Local Policymakers: Outline the two-year plan to educate local policymakers on coalition priorities.

School Administrator Section:

4. Outline the coalition's plan to communicate the results of the 2004 Youth Tobacco Survey, the importance of this survey, and the status of youth tobacco use in the community to school administrators. The timeline for this plan must ensure that these activities are completed prior to July 2006.

Section 4: Media Advocacy Plan

This section lists the media outlets and contacts and describes the media advocacy process for the coalition. It gives the coalition an opportunity to share examples of media advocacy during the program, and identifies spokespersons for the coalition. This is the section that requires a detailed description of the VOICE movement in the local community.

Forms to be completed in this section:

- Form E – Media Advocacy Plan
- Form F – Paid Media Agreement

Form E-Media Advocacy Plan

Media Outlets:

1. Please list the media outlets that reach the community (including radio, TV, billboard and newspapers)

Media outlet	Contact Name

2. List the contact names for the following media. Describe how the coalition has educated these individuals on tobacco control issues during the previous grants.
 - a. Editor and/or editorial staff of the local newspaper(s)
 - b. Journalist(s) or reporter(s)

Media Advocacy Process:

3. Outline the coalition's process for dissemination of media alerts or news releases that come from ITPC.
4. Describe a past example of how the coalition pitched a news release or media alert to the local media outlets.
5. Based upon the news clips by county report provided in the RFA training materials, please analyze the effectiveness of the coalition's effort in getting news media coverage.

6. Who is responsible for dissemination of media alerts, news releases and other information that is provided to local media?	Name	Address	City	Zip Code	Phone	Fax	Email

7. Who are the spokespersons for tobacco control issues?

Area of expertise	Name	Address	City	Zip Code	Phone	Fax	Email
General Info on coalition, tobacco control, ITPC partnership							
Medical/Health care							
Youth							
Tobacco Disease/Survivor Victim							
Business							

8. If you do not have a contact for any of the above, what steps will the coalition take to obtain spokespersons in each of these areas?

VOICE:

9. Are local youth currently involved in communicating the VOICE message?
- Yes_____
 - If yes, how many youth attended a Fall 2004 Voice Summit?_____
 - No_____
 - If no, why not?
10. Is the coalition a VOICE hub partner?
- Yes_____
 - If yes, how many youth have attended regional Hub training events?_____
 - No_____
 - If not, will the coalition become a Hub partner in the future?
 - Yes_____
 - No_____
 - If no, why not?

11. How did the VOICE movement start in the community?

12. What youth organizations and/or schools have youth involved with VOICE?

13. Who is the local adult ally/adult leader and what is his or her experience working with youth?

NAME:

ADDRESS:

CITY:

ZIP CODE:

PHONE:

FAX

EMAIL:

14. Describe at least 2 different VOICE initiatives that youth have implemented in the community since January 2004.

15. How will youth take the message of VOICE to all youth in the community?

16. How will you expand the local Voice movement to include hard-to-reach youth?

17. What are the strengths to build or expand the local VOICE movement?

18. What are the challenges to build or expand the local VOICE movement?

Website:

19. Does the coalition have a website?

a. If so, please list the URL _____

i. Does the website includes links to:

1. _____ www.itpc.in.gov

2. _____ www.WhiteLies.tv

3. _____ www.Voice.tv

Form F-Paid Media Agreement

The ITPC program provides an appropriate means of consistently identifying the parent brand Indiana Tobacco Prevention and Cessation. There are two distinct branches:

- WhiteLies.tv
- Voice.tv

Proper use of these two brands allows for a consistent message and enhances the use of ITPC funds. All elements used in paid media must use the ITPC program identity. The brand identity standards are outlined in the *2004 ITPC Advertising and Media Advocacy Guide*.

Director of the Lead Agency

Signature _____

Date _____

Section 5: Coalition Assessment

This section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation. The applicant is required to describe the coalition's partner organizations. Each coalition member and partner is required to complete an organization profile. The coalition must also demonstrate structure by attaching bylaws or guidelines for operation, sample meeting minutes, and the schedule of meetings. A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable.

Forms to be completed in this section:

- Form G – Coalition Assessment
- Form H – Summary of Coalition Partners
- Form I – Coalition Member/Partner Profile (completed by each coalition member)

Attachments to be included from this section:

- Coalition by-laws or guidelines for operation
- Coalition meeting minutes-example from one meeting
- Schedule of coalition meetings
- A statement on how the coalition resolves conflict within the coalition

Form G-Coalition Assessment

This section of the application addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation.

Membership

1. Describe the coalition's structure and the responsibilities of each level of membership. For example who is responsible for setting the meeting agenda, logistics, day-to-day communication with coalition members and partners.
2. Describe who holds the leadership in the coalition
 - a. How are decisions made?
 - b. Who has a voice in this process?
3. Describe how the coalition resolves internal conflict among members.

Diversity of Coalition

4. What gaps exist in current coalition membership that must be filled to impact tobacco control in the community?
5. Outline the plan to address gaps by October 1, 2005.
6. Describe an example of extensive collaboration in the past between the coalition and the minority/community-based partner on an initiative (if applicable).

Reaching Disparately Affected Populations

7. Identify and list the disparately affected populations (i.e. less than high school education) in the community and groups that work with these populations.

Disparately Affected Populations	Groups in the community that work with these populations
1.	
2.	
3.	

8. Demonstrate how the coalition will reach disparately affected population groups in the community.

Form H-Summary of Coalition Partners

Please provide a list of partner organizations by sector.

- Education
 - Partner
- Health Care
 - Partner
- Faith
 - Partner
- Civic
 - Partner
- Business
 - Partner
- Youth
 - Partner

TOTAL NUMBER OF PARTNER ORGANIZATIONS _____

Form I-Partner Profile
MUST BE COMPLETED BY EACH PARTNER ORGANIZATION IN COALITION

1. Organization Name:	
2. Representative Name:	
3. Organization's Address:	
4. Representative's Phone:	
5. Representative's E-mail:	
6. Type of Partner:	<input type="radio"/> Coalition Member <input type="radio"/> Sub-Contractor <input type="radio"/> Mini-grantee <input type="radio"/> Community Partner
7. Type of Organization	<input type="radio"/> Education <input type="radio"/> Healthcare <input type="radio"/> Faith <input type="radio"/> Civic <input type="radio"/> Business <input type="radio"/> Youth
8. Targeted Population Groups/ Minority Owned Businesses	<input type="radio"/> African American <input type="radio"/> Latino <input type="radio"/> American Indian <input type="radio"/> Asian American/Pacific Islander <input type="radio"/> Other
9. Purpose of the Organization:	
10. Population(s) served and/or represented:	
11. Length of Partnership	_____ Month(s) _____ Year(s)
12. How often is your organization represented at coalition meetings?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Occasionally
13. How often is your organization involved in planning and implementing coalition activities?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Rarely
14. If applicable, describe one coalition activity your organization helped plan and implement.	

15. Has your organization held a leadership role in the coalition? (Mark all that apply)	<input type="radio"/> Founding member <input type="radio"/> Served as an officer <input type="radio"/> Served on a committee or task force <input type="radio"/> Other (please explain):
16. Does your organization accept funds or other resources from any tobacco company, any of its subsidiaries, or parent company?	<input type="radio"/> No <input type="radio"/> Yes (please describe):
17. Does your organization provide insurance coverage or other support for tobacco dependence treatment (smoking cessation) for employees?	<input type="radio"/> No <input type="radio"/> Yes (please describe):
Please describe your organization's anticipated involvement in planning and implementing the grant initiative, and why the coalition should be funded to reduce tobacco use in your community.	
Organization Signature _____ Date _____	
Printed or Typed Name and Title _____	

Section 6: Community Readiness

This section assesses the current policy status and support by community groups for tobacco control. Several forms in this section help to refine the coalition's ability to determine where the community is with its tobacco control activities. All of the completed forms will assist with the IMPLEMENTATION PHASE of this application process.

Forms to be completed in this section:

- Form J – Community Readiness
- Form K – Top 10 Employers
 - Community-based partners with less than 50,000 in county only need to list 5 top employers
 - Minority-based partners must list top 5 minority-owned businesses in their county
- Form L – Hospitals
- Form M – Community Support
- Form N - Key informant interview (s)
 - One interview with a business leader from a top employer listed in Form K
 - One interview with a hospital administrator from Form L. *The hospital interview is only required of the community based partnership applicants.*

Form J-Community Readiness

1. Please provide information about the policy status related to tobacco use in key areas of the community. Please list all related areas even if a comprehensive tobacco control policy does not exist.

a. School Policy

School District	100% tobacco free campus	Procedure for youth who violate the policy	Cessation Assistance Offered onsite by Employer	Cessation Assistance Offered as Health Benefit
	Check box if the above conditions apply			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. County Government Buildings

Building	Human Resources or Employer Contact	All indoor work areas are smoke free	Grounds are smoke free	Cessation Assistance Offered onsite by Employer	Cessation Assistance Offered as Health Benefit
		Check box if the above conditions apply			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. City Government Buildings (include parks and recreation areas)

City	Facility	Human Resources or Employer Contact	All indoor work areas are smoke free	Grounds are smoke free	Cessation Assistance Offered onsite by Employer	Cessation Assistance Offered as Health Benefit
			Check box if the above conditions apply			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What significant changes has the community experienced in smoke free restaurants since January 2004?

3. What was the last update posted on the www.WhiteLies.tv dining guide?

4. What significant changes has the community experienced in smoke free workplaces since January 2004?

Page intentionally blank

Form K-County Largest Employers

Community-based partnerships with a population greater than 50,000 must list the top 10 employers.

Community-based partnerships with a population less than 50,000 must list top 5 employers.

Minority-based partnerships must list the 5 top minority-owned employers.

Please complete the following information regarding the top employers in the county.

	Employer Name	Address	Telephone Number	Type of Industry	Human Resources or Employer Contact	All indoor work areas are smoke free	Grounds are smoke free	Union	Cessation Assistance Offered by Employer	Cessation Assistance Offered as Health Benefit
						<u>Check box if the above conditions apply to the employer listed</u>				
1			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			- -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form L- Hospitals in County

This table should only be completed by those coalitions applying to be the community-based partnerships.

Please complete the following information regarding the hospitals in the county.

	Hospital Name	Hospital CEO	Address	Telephone Number	List network, if applicable	Date went tobacco free campus	Grounds are smoke free	Cessation Assistance Offered for Employees
1				- -			<input type="checkbox"/>	<input type="checkbox"/>
2				- -			<input type="checkbox"/>	<input type="checkbox"/>
3				- -			<input type="checkbox"/>	<input type="checkbox"/>

Form M-Community Support for Tobacco Control

How would the coalition rate the overall level of support for comprehensive tobacco control policies from the following segments of the community?

Community Segment	Very Strong	Strong	Moderate	Weak	Very Weak	If you indicate weak or very weak support; did the lack of support for that policy issue affect the coalition's ability to implement tobacco control programs? Check if YES.
School Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Informant Interview Guide

Purpose of the Interview: Collect business and hospital leaders' input for ITPC strategic plan.

Process for Setting up Interviews: Contact the potential interviewee and request a one-hour meeting to complete the interview. At the time the interview is being scheduled, provide the interviewee with the following information:

- Name and explanation of your organization
- Describe your partnership with ITPC and its current strategic planning efforts (see introduction to interview)
- Explain that the interviewee is seen as a business or healthcare leader in the community so you believe they can provide valuable information related to the impact of tobacco usage on businesses and healthcare today
- Tell the interviewee that the interview will take approximately 45 minutes
- Explain that the information provided during the interview will be compiled into one report and that specific answers will not be attributed to interviewees so they are comfortable that the information they share will be confidential
- Ask if they have any questions at this time

FORM N- Key Informant Interview Questionnaire

Name of Interviewee:

Position/Title:

Name of Business/Hospital:

Number of Employees:

Date Interviewed:

Interviewer:

I represent _____ and we work with Indiana Tobacco Prevention and Cessation (ITPC) on tobacco use prevention in our community. As I explained on the phone, ITPC is undertaking a five-year strategic planning process and they are very interested in obtaining input from a number of stakeholders in this process. As a partner with ITPC, we think that this is an excellent opportunity for us to gain a better understanding of the *business/healthcare* community's efforts and needs related to tobacco use prevention and cessation. As a key *business/hospital* leader, we value your input during this process. All information that you provide will be kept confidential. We will compile all of the interview results into one report for consideration by the ITPC Executive Board as it establishes the strategic direction for ITPC moving forward. We greatly appreciate you taking the time to meet with us to provide input.

1. As a *business/hospital administrator*, what are your main concerns associated with tobacco use? Do you view it as a problem or a threat to your organization?

2. How are your health care costs affected by employee tobacco use?

3. Do you have any incentive or special programs to help employees quit smoking or stop using tobacco? If yes, please describe. Do you work with any groups in the development or running of these programs? If no, are there any specific reasons for not offering such incentives or special programs.

4. Do you place restrictions on tobacco usage at your facility(ies)? If yes, please describe those restrictions. If no, why?

5. What would be most useful/helpful to you as a *business owner/hospital administrator* related to tobacco prevention and cessation?

6. Are you aware of any government or other organization programs/efforts to support tobacco prevention and cessation efforts in Indiana? If yes, what are they and how effective do you think they are?

7. What is your opinion of legislative requirements or policies related to tobacco usage? Do you support them? Why?

8. Are you familiar with the WhiteLies.tv public education campaign? Did you know this is an Indiana campaign? How effective is this campaign in raising awareness about the burden of tobacco use?

9. We are very interested in your thoughts and opinions related to tobacco prevention and cessation. What other thoughts would you like to share?

10. Is there anyone else that you think I should talk to?

Thank you for taking time for this interview. If you have additional questions or concerns, I can be reached at _____.

Section 7: Budget

The section describes the operation costs to continue tobacco control programming through September 30, 2005. Note that there is a line item for paid media to consider during Part 2 of the RFA.

Forms to be completed in this section:

- Form O – Budget Worksheet
- Form P – Budget Narrative Form

Attachments include in this section:

- Audited financial statements, if applicable
- ITPC Declarations Form
- W-9
- Direct deposit slip

Form O-Budget Worksheet

	Expenses
1. Personnel	
a. Salaries/Wages %FE Annual Salary Wage #Months	
1. (Position Title)	
2. (Position Title)	
TOTAL SALARIES/WAGES >	
b. Fringe Benefits	
1. (Position Title)	
2. (Position Title)	
TOTAL FRINGE BENEFITS >	
2. Travel	
a. In-State	
b. Out-of-State	
TOTAL TRAVEL >	
3. Supplies	
a.	
b.	
TOTAL SUPPLIES >	
4. Contracts	
a.	
b.	
TOTAL SUBCONTRACTS >	
5. Other	
a.	
b.	
TOTAL OTHER>	
6. Paid Media (not to exceed 5% of total grant awarded)	
a.	
b.	
TOTAL Paid Media>	
7. Furniture & Equipment	
a.	
b.	
TOTAL FURNITURE & EQUIPMENT >	
TOTAL DIRECT COSTS>	
8. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 5% of the total direct cost requested is allowed.)	
TOTAL BUDGET JULY-SEPT 2005. AMOUNT REQUESTED CANNOT EXCEED 25% of GRANT AMOUNT ALLOCATED PER INDIVIDUAL COUNTY OR CONSORTIUM OF COUNTIES,	

Note: 1. Line items must be explained in a narrative Budget Justification
2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #8, but not both.

Form P-Budget Narrative

Personnel:

Travel:

Supplies:

Contracts:

Other:

Paid Media:

Furniture and Equipment:

Indirect Costs:

Please list any planned activities during the months of July, August, and September in which you are requesting funds to cover the costs. These activities must have already been planned or ongoing. These activities should be clearly listed in the budget worksheet.

July

August

September

**Community-Minority Grant Agreement
Lead Agency Sub-contract**

County:_____ **Lead Agency:**_____

Grant number:_____

Name of person with Lead Agency that will supervise or manage the sub-contractor:_____

Name of sub-contracting agency (or individual):_____

Name of responsible person with sub-contractor:_____

Address:_____

City:_____ Zip_____

Telephone:_____ Fax:_____ Email:_____

Time period of sub-contract:_____

Cost of performing sub-contract:_____

**** Funds received by the sub-contractor pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the sub-contractor has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the sub-contractor may be required to reimburse the Lead Agency.**

Scope of work to be performed through this sub-contract, including tasks and deliverables:

Description of how this sub-contract will further the goals of the county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency:_____

Date:_____

Signature of responsible person with the sub-contractor:_____

Date:_____

**Community-Minority Grant Agreement
Lead Agency Mini-Grant Contract**

County:_____ **Lead Agency:**_____

Grant number:_____

Name of person with Lead Agency that will supervise or manage the mini-grant recipient:_____

Name of mini-grant recipient (agency or individual):_____

Name of responsible person with mini-grant recipient:_____

Address:_____

City:_____ Zip_____

Telephone:_____ Fax:_____ Email:_____

Time period of mini-grant contract:_____

Cost of performing mini-grant contract:_____

**** Funds received by the mini-grant recipient pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the mini-grant recipient has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the mini-grant recipient may be required to reimburse the Lead Agency.**

Scope of work to be performed through this mini-grant contract, including tasks and deliverables:

Description of how this mini-grant contract will further the goals of the county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency:_____

Date:_____

Signature of responsible person with the mini-grant recipient:_____

Date:_____

Summary of Travel Allowances

- 1. Overnight Travel:** The subsistence allowance for in-state travel is \$26.00 per day.

Example:

	<u>SUBSISTENCE IN-STATE</u>	<u>SUBSISTENCE OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

- 2. Meals provided are to be listed and deducted as follows:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

- 3. ONE DAY TRIPS:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours	\$13.00	\$16.00
Leave before 6a.m. and return after 6p.m.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

- 4. MILEAGE**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
First 500 miles	\$0.34	\$0.34
501 – 2500 miles	\$0.17	\$0.17

- 5. LODGING**

\$79.00/\$83.00

Effective July 1, 1999, revised January 1, 2004, the maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be \$79.00 per night per person plus applicable taxes and inside of the Indianapolis Metropolitan area, lodging will be \$83.00 per night per person plus applicable taxes.

Indiana Tobacco Prevention and Cessation Agency (ITPC) Declarations

The ITPC may seek additional information from an applicant prior to or during the review of the application.

The ITPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.

The signatory for this Organization represents that he/she has been duly authorized to execute agreements on behalf of the organization and has obtained all necessary or applicable approvals from the home office of the organization.

It is ITPC policy that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry. By entering into this grant agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

Signing below indicates that you have read and understand these declarations. For questions and assistance please call: Indiana Tobacco Prevention and Cessation Agency at (317) 234-1787

Signature

Date

Printed Name